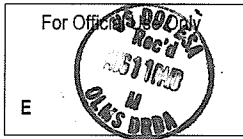


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29-U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.




1. File Number U - <u>5813</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name WILLIAM WORSHAM P.O. Box, Bldg., Room No., if any Street 2256 FURMA STREET City ORANGE PARK State Florida ZIP Code + 4 32073	4. Name, file number, and address of labor organization. Name LABORERS AFL-CIO LU #630 Labor Organization File Number 528-248 P.O. Box, Building and Room Number, if any SUITE 101 Street 550 BALMORAL CIRCLE City JACKSONVILLE State Florida ZIP Code + 4 32218
5. Position in labor organization. BUSINESS MANAGER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 08/10/2005	(904) 757-8444
	Date	Telephone Number

Name of Person Filing WILLIAM WORSHAM	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name SERVICE CONTRACT EDUCATION & TRAINING TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 109 KIMBERWICKE DRIVE SOUTH City CHARLESTOWN State West Virginia ZIP Code + 4 25414	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Service Contract Education 11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. 4/16/2004 Dinner Meeting at a restaurant 12.b. Amount. \$28

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. NONE
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$0

Name of Person Filing WILLIAM WORSHAM

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name OVSS LABORERS EMPLOYERS COOP & EDU TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any STE. 305

Street 25 CENTURY BLVD.

City NASHVILLE

State Tennessee ZIP Code + 4 37214

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Ohio Valley and Southern States Laborers-Employers Cooperation and Education Trust (OVSS LECET) secures projects and jobs, increases union-sector market share, advertises thier services, develops a workforce, and advances shared market-related interests.

11.b. Approximate dollar value of such dealing. \$0

12.a. Nature of interest held or income received.

5/20/2004-Lunch- hotel meeting room

12.b. Amount. \$26

Name of Person Filing WILLIAM WORSHAM

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name OVSS LABORERS EMPLOYERS COOP & EDU TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any STE 305

Street 25 CENTURY BLVD.

City NASHVILLE

State Tennessee ZIP Code + 4 37214

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Ohio Valley and Southern States Laborers-Employers Cooperation and Education Trust (OVSS LECET) secures projects and jobs, increases union-sector market share, advertises thier services, develops a workforce, and advances shared market-related interests.

11.b. Approximate dollar value of such dealing. \$0

12.a. Nature of interest held or income received.

11/29/2004- Dinner Meeting at Restaurant

12.b. Amount. \$72

ADDENDUM PAGE 1 of 1

William A. Worsham, File # U-_____

ADDENDUM A [MEALS/EVENTS WITH FRIENDS]

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exists separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received

ADDENDUM B [MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION]

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

ADDENDUM C [UNION TO UNION BENEFITS]

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.